

Madison Street as the "Mary Alice (Ma) Henry Post Office Building." Ma Henry was known as one of the leading activists on the West Side, dedicating her life to serving humanity and building her community. She developed a plan for a primary care clinic at Garfield Hospital and that was dedicated in 1976 as the Mary Alice "Ma" Henry Family Health Center, and it presently serves more than 20,000 patients yearly. "Ma" Henry died in 1995.

H.R. 1191, in section 4, also names the postal facility located at 50001 West Division Street as the "Robert LaFlore, Jr. Post Office Building." Mr. LaFlore served in the Illinois General Assembly for 11 years and was known as a powerful voice for the disadvantaged and underprivileged. Prior to his death in 1993, Mr. LaFlore left behind legislation to help children and senior citizens. Mrthcoah

Mr. Speaker, this legislation has passed both the subcommittee and the committee levels. I urge all Members to support H.R. 1191, introduced by our distinguished colleague, the gentleman from Illinois (Mr. DAVIS).

Mr. Speaker, I reserve the balance of my time.

Ms. NORTON. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 1191 was introduced by my good friend and colleague, the gentleman from Illinois (Mr. DAVIS). The gentleman from Illinois (Mr. DAVIS) is the sponsor of a bill to designate four postal facilities in the 7th Congressional District of Illinois.

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The four individuals the gentleman from Illinois (Mr. DAVIS) seeks to name these postal facilities for have a long history of being servants, activists, heroes and heroines in their respective communities. In fact, the first person, the honorable Cardiss Collins, is a former Member of Congress, well-known to many Members of this body and fondly remembered still. She served as ranking member of this very committee, the Committee on Government Reform and Oversight, before she retired in 1996.

Representative Collins represented the residents of the 7th Congressional District for almost 24 years. I must take a moment to express my special and personal pleasure at this bill in Cardiss Collins' name. She was a dear and distinguished colleague in this House, much revered on both sides of the aisle here. When I was elected to Congress in 1990, she had served for some years then as the only black woman in the Congress, because others had left. During that time and for her entire career here, however, she was known for her devotion, not only to her Chicago constituents and to women and to people of color, but for her dedication to the American people.

Cardiss Collins is remembered here for her astute judgment, for her abil-

ity, for her collegiality and for her dedication. It is a special pleasure to speak to this bill in particular, and I know that the gentleman from Illinois (Mr. DAVIS) will regret that he was detained on an airplane and unable to perform this particular service for a woman I know is also his very good friend.

The second postal facility is named for Otis Grant Collins, who, prior to his death in 1992, was recognized as one of the premier activists in apprenticeship training in this country. In addition, while serving as state representative in the Illinois General Assembly, he was a champion of laws that protected minority communities from redlining.

The third postal facility is named for Mary Alice Ma Henry, who, prior to her death in 1995, was recognized as one of Chicago's most caring and compassionate community activists. She is remembered as a courageous leader for the poor, uninsured and the left out of our society. In 1976, the Mary Alice Ma Henry Family Health Center was dedicated and now serves over 20,000 patients every year.

The fourth postal facility is named after former state representative Robert LeFlore, Jr., who, prior to his death in 1993, was recognized as a leading advocate for the disadvantaged and the underprivileged. He was a tireless worker on behalf of seniors and children, and his contributions will be remembered for a long time.

These individuals represent the best of Chicago and the nation. Their contributions have been significant and their legacies have been embedded in the communities they touched. I am pleased to sponsor this bill on behalf of some of the great African American leaders in the Chicago community and in our country.

Ms. SCHAKOWSKY. Mr. Speaker, today I join with my colleagues in commemorating the contributions of an outstanding former Member of Congress. Cardiss Collins, who served in Congress from 1973 to 1985 representing Illinois' 7th district, was a leader in so many ways. Naming a Chicago postal building after her is a much deserved honor.

After losing her husband in a tragic plane crash, Cardiss Collins committed to continuing the fight for social justice, won the 1973 special elections and began a distinguished tenure here in Washington. Her six terms of service were then the longest service for an African American female.

Cardiss Collins' career in Congress was highlighted by a number of notable positions. Congressman Collins was the ranking minority member on the Government Operations Committee, where she chaired the Subcommittee on Manpower and Housing. Cardiss Collins was the first African American and the First woman to serve as Democratic whip-at-large. In 1979, Collins was the

Chairwoman of the Congressional Black Caucus.

Congresswoman Collins' commitment to the people of her district and the people of Illinois was apparent even before she came to Congress. A graduate of Northwestern University, she began her career at the Illinois Department of Labor. She later went on to the Illinois Department of Revenue. Cardiss Collins' commitment to the American political system was also evident through her service as Democratic Committeeman of the 24th Ward.

Again, I applaud the most honorable career and dedication of Congresswoman Collins. I am proud to join my colleagues in the Illinois delegation who share this sentiment.

Ms. NORTON. Mr. Speaker, I yield back the balance of my time.

Mr. DAVIS of Virginia. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 1191.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

#### GENERAL LEAVE

Mr. DAVIS of Virginia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 1191.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

#### NURSING RELIEF FOR DISADVANTAGED AREAS ACT OF 1999

Mr. ROGAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 441) to amend the Immigration and Nationality Act with respect to the requirements for the admission of nonimmigrant nurses who will practice in health professional shortage areas.

The Clerk read as follows:

H.R. 441

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Nursing Relief for Disadvantaged Areas Act of 1999".

#### SEC. 2. REQUIREMENTS FOR ADMISSION OF NON-IMMIGRANT NURSES IN HEALTH PROFESSIONAL SHORTAGE AREAS DURING 4-YEAR PERIOD.

(a) ESTABLISHMENT OF A NEW NON-IMMIGRANT CLASSIFICATION FOR NON-IMMIGRANT NURSES IN HEALTH PROFESSIONAL SHORTAGE AREAS.—Section 101(a)(15)(H)(i) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(H)(i)) is amended by striking "or" at the end and inserting the following: "or (c) who is coming temporarily

to the United States to perform services as a registered nurse, who meets the qualifications described in section 212(m)(1), and with respect to whom the Secretary of Labor determines and certifies to the Attorney General that an unexpired attestation is on file and in effect under section 212(m)(2) for the facility (as defined in section 212(m)(6)) for which the alien will perform the services; or”.

(b) REQUIREMENTS.—Section 212(m) of the Immigration and Nationality Act (8 U.S.C. 1182(m)) is amended to read as follows:

“(m)(1) The qualifications referred to in section 101(a)(15)(H)(i)(c), with respect to an alien who is coming to the United States to perform nursing services for a facility, are that the alien—

“(A) has obtained a full and unrestricted license to practice professional nursing in the country where the alien obtained nursing education or has received nursing education in the United States;

“(B) has passed an appropriate examination (recognized in regulations promulgated in consultation with the Secretary of Health and Human Services) or has a full and unrestricted license under State law to practice professional nursing in the State of intended employment; and

“(C) is fully qualified and eligible under the laws (including such temporary or interim licensing requirements which authorize the nurse to be employed) governing the place of intended employment to engage in the practice of professional nursing as a registered nurse immediately upon admission to the United States and is authorized under such laws to be employed by the facility.

“(2)(A) The attestation referred to in section 101(a)(15)(H)(i)(c), with respect to a facility for which an alien will perform services, is an attestation as to the following:

“(i) The facility meets all the requirements of paragraph (6).

“(ii) The employment of the alien will not adversely affect the wages and working conditions of registered nurses similarly employed.

“(iii) The alien employed by the facility will be paid the wage rate for registered nurses similarly employed by the facility.

“(iv) The facility has taken and is taking timely and significant steps designed to recruit and retain sufficient registered nurses who are United States citizens or immigrants who are authorized to perform nursing services, in order to remove as quickly as reasonably possible the dependence of the facility on nonimmigrant registered nurses.

“(v) There is not a strike or lockout in the course of a labor dispute, the facility did not lay off and will not lay off a registered nurse employed by the facility within the period beginning 90 days before and ending 90 days after the date of filing of any visa petition, and the employment of such an alien is not intended or designed to influence an election for a bargaining representative for registered nurses of the facility.

“(vi) At the time of the filing of the petition for registered nurses under section 101(a)(15)(H)(i)(c), notice of the filing has been provided by the facility to the bargaining representative of the registered nurses at the facility or, where there is no such bargaining representative, notice of the filing has been provided to the registered nurses employed at the facility through posting in conspicuous locations.

“(vii) The facility will not, at any time, employ a number of aliens issued visas or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(c) that exceeds

33 percent of the total number of registered nurses employed by the facility.

“(viii) The facility will not, with respect to any alien issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(c)—

“(I) authorize the alien to perform nursing services at any worksite other than a worksite controlled by the facility; or

“(II) transfer the place of employment of the alien from one worksite to another.

Nothing in clause (iv) shall be construed as requiring a facility to have taken significant steps described in such clause before the date of the enactment of the Nursing Relief for Disadvantaged Areas Act of 1999. A copy of the attestation shall be provided, within 30 days of the date of filing, to registered nurses employed at the facility on the date of filing.

“(B) For purposes of subparagraph (A)(iv), each of the following shall be considered a significant step reasonably designed to recruit and retain registered nurses:

“(i) Operating a training program for registered nurses at the facility or financing (or providing participation in) a training program for registered nurses elsewhere.

“(ii) Providing career development programs and other methods of facilitating health care workers to become registered nurses.

“(iii) Paying registered nurses wages at a rate higher than currently being paid to registered nurses similarly employed in the geographic area.

“(iv) Providing reasonable opportunities for meaningful salary advancement by registered nurses.

The steps described in this subparagraph shall not be considered to be an exclusive list of the significant steps that may be taken to meet the conditions of subparagraph (A)(iv). Nothing in this subparagraph shall require a facility to take more than one step if the facility can demonstrate that taking a second step is not reasonable.

“(C) Subject to subparagraph (E), an attestation under subparagraph (A)—

“(i) shall expire on the date that is the later of—

“(I) the end of the one-year period beginning on the date of its filing with the Secretary of Labor; or

“(II) the end of the period of admission under section 101(a)(15)(H)(i)(c) of the last alien with respect to whose admission it was applied (in accordance with clause (ii)); and

“(ii) shall apply to petitions filed during the one-year period beginning on the date of its filing with the Secretary of Labor if the facility states in each such petition that it continues to comply with the conditions in the attestation.

“(D) A facility may meet the requirements under this paragraph with respect to more than one registered nurse in a single petition.

“(E)(i) The Secretary of Labor shall compile and make available for public examination in a timely manner in Washington, D.C., a list identifying facilities which have filed petitions for nonimmigrants under section 101(a)(15)(H)(i)(c) and, for each such facility, a copy of the facility's attestation under subparagraph (A) (and accompanying documentation) and each such petition filed by the facility.

“(ii) The Secretary of Labor shall establish a process, including reasonable time limits, for the receipt, investigation, and disposition of complaints respecting a facility's failure to meet conditions attested to or a facility's misrepresentation of a material fact in an

attestation. Complaints may be filed by any aggrieved person or organization (including bargaining representatives, associations deemed appropriate by the Secretary, and other aggrieved parties as determined under regulations of the Secretary). The Secretary shall conduct an investigation under this clause if there is reasonable cause to believe that a facility fails to meet conditions attested to. Subject to the time limits established under this clause, this subparagraph shall apply regardless of whether an attestation is expired or unexpired at the time a complaint is filed.

“(iii) Under such process, the Secretary shall provide, within 180 days after the date such a complaint is filed, for a determination as to whether or not a basis exists to make a finding described in clause (iv). If the Secretary determines that such a basis exists, the Secretary shall provide for notice of such determination to the interested parties and an opportunity for a hearing on the complaint within 60 days of the date of the determination.

“(iv) If the Secretary of Labor finds, after notice and opportunity for a hearing, that a facility (for which an attestation is made) has failed to meet a condition attested to or that there was a misrepresentation of material fact in the attestation, the Secretary shall notify the Attorney General of such finding and may, in addition, impose such other administrative remedies (including civil monetary penalties in an amount not to exceed \$1,000 per nurse per violation, with the total penalty not to exceed \$10,000 per violation) as the Secretary determines to be appropriate. Upon receipt of such notice, the Attorney General shall not approve petitions filed with respect to a facility during a period of at least one year for nurses to be employed by the facility.

“(v) In addition to the sanctions provided for under clause (iv), if the Secretary of Labor finds, after notice and an opportunity for a hearing, that a facility has violated the condition attested to under subparagraph (A)(iii) (relating to payment of registered nurses at the prevailing wage rate), the Secretary shall order the facility to provide for payment of such amounts of back pay as may be required to comply with such condition.

“(F)(i) The Secretary of Labor shall impose on a facility filing an attestation under subparagraph (A) a filing fee, in an amount prescribed by the Secretary based on the costs of carrying out the Secretary's duties under this subsection, but not exceeding \$250.

“(ii) Fees collected under this subparagraph shall be deposited in a fund established for this purpose in the Treasury of the United States.

“(iii) The collected fees in the fund shall be available to the Secretary of Labor, to the extent and in such amounts as may be provided in appropriations Acts, to cover the costs described in clause (i), in addition to any other funds that are available to the Secretary to cover such costs.

“(3) The period of admission of an alien under section 101(a)(15)(H)(i)(c) shall be 3 years.

“(4) The total number of nonimmigrant visas issued pursuant to petitions granted under section 101(a)(15)(H)(i)(c) in each fiscal year shall not exceed 500. The number of such visas issued for employment in each State in each fiscal year shall not exceed the following:

“(A) For States with populations of less than 9,000,000, based upon the 1990 decennial census of population, 25 visas.

“(B) For States with populations of 9,000,000 or more, based upon the 1990 decennial census of population, 50 visas.

“(C) If the total number of visas available under this paragraph for a fiscal year quarter exceeds the number of qualified nonimmigrants who may be issued such visas during those quarters, the visas made available under this paragraph shall be issued without regard to the numerical limitation under subparagraph (A) or (B) of this paragraph during the last fiscal year quarter.

“(5) A facility that has filed a petition under section 101(a)(15)(H)(i)(c) to employ a nonimmigrant to perform nursing services for the facility—

“(A) shall provide the nonimmigrant a wage rate and working conditions commensurate with those of nurses similarly employed by the facility;

“(B) shall require the nonimmigrant to work hours commensurate with those of nurses similarly employed by the facility; and

“(C) shall not interfere with the right of the nonimmigrant to join or organize a union.

“(6) For purposes of this subsection and section 101(a)(15)(H)(i)(c), the term ‘facility’ means a subsection (d) hospital (as defined in section 1886(d)(1)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(1)(B))) that meets the following requirements:

“(A) As of March 31, 1997, the hospital was located in a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

“(B) Based on its settled cost report filed under title XVIII of the Social Security Act for its cost reporting period beginning during fiscal year 1994—

“(i) the hospital has not less than 190 licensed acute care beds;

“(ii) the number of the hospital’s inpatient days for such period which were made up of patients who (for such days) were entitled to benefits under part A of such title is not less than 35 percent of the total number of such hospital’s acute care inpatient days for such period; and

“(iii) the number of the hospital’s inpatient days for such period which were made up of patients who (for such days) were eligible for medical assistance under a State plan approved under title XIX of the Social Security Act, is not less than 28 percent of the total number of such hospital’s acute care inpatient days for such period.

“(7) For purposes of paragraph (2)(A)(v), the term ‘lay off’, with respect to a worker—

“(A) means to cause the worker’s loss of employment, other than through a discharge for inadequate performance, violation of workplace rules, cause, voluntary departure, voluntary retirement, or the expiration of a grant or contract; but

“(B) does not include any situation in which the worker is offered, as an alternative to such loss of employment, a similar employment opportunity with the same employer at equivalent or higher compensation and benefits than the position from which the employee was discharged, regardless of whether or not the employee accepts the offer.

Nothing in this paragraph is intended to limit an employee’s or an employer’s rights under a collective bargaining agreement or other employment contract.”

(c) **REPEALER.**—Clause (i) of section 101(a)(15)(H) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(H)(i)) is amended by striking subclause (a).

(d) **IMPLEMENTATION.**—Not later than 90 days after the date of enactment of this Act,

the Secretary of Labor (in consultation, to the extent required, with the Secretary of Health and Human Services) and the Attorney General shall promulgate final or interim final regulations to carry out section 212(m) of the Immigration and Nationality Act (as amended by subsection (b)).

(e) **LIMITING APPLICATION OF NONIMMIGRANT CHANGES TO 4-YEAR PERIOD.**—The amendments made by this section shall apply to classification petitions filed for nonimmigrant status only during the 4-year period beginning on the date that interim or final regulations are first promulgated under subsection (d).

### SEC. 3. RECOMMENDATIONS FOR ALTERNATIVE REMEDY FOR NURSING SHORTAGE.

Not later than the last day of the 4-year period described in section 2(e), the Secretary of Health and Human Services and the Secretary of Labor shall jointly submit to the Congress recommendations (including legislative specifications) with respect to the following:

(1) A program to eliminate the dependence of facilities described in section 212(m)(6) of the Immigration and Nationality Act (as amended by section 2(b)) on nonimmigrant registered nurses by providing for a permanent solution to the shortage of registered nurses who are United States citizens or aliens lawfully admitted for permanent residence.

(2) A method of enforcing the requirements imposed on facilities under sections 101(a)(15)(H)(i)(c) and 212(m) of the Immigration and Nationality Act (as amended by section 2) that would be more effective than the process described in section 212(m)(2)(E) of such Act (as so amended).

### SEC. 4. CERTIFICATION FOR CERTAIN ALIEN NURSES.

(a) **IN GENERAL.**—

(1) Section 212 of the Immigration and Nationality Act (8 U.S.C. 1182) is amended by adding at the end the following new subsection:

“(r) Subsection (a)(5)(C) shall not apply to an alien who seeks to enter the United States for the purpose of performing labor as a nurse who presents to the consular officer (or in the case of an adjustment of status, the Attorney General) a certified statement from the Commission on Graduates of Foreign Nursing Schools (or an equivalent independent credentialing organization approved for the certification of nurses under subsection (a)(5)(C) by the Attorney General in consultation with the Secretary of Health and Human Services) that—

“(1) the alien has a valid and unrestricted license as a nurse in a State where the alien intends to be employed and such State verifies that the foreign licenses of alien nurses are authentic and unencumbered;

“(2) the alien has passed the National Council Licensure Examination (NCLEX);

“(3) the alien is a graduate of a nursing program—

“(A) in which the language of instruction was English;

“(B) located in a country—

“(i) designated by such commission not later than 30 days after the date of the enactment of the Nursing Relief for Disadvantaged Areas Act of 1999, based on such commission’s assessment that the quality of nursing education in that country, and the English language proficiency of those who complete such programs in that country, justify the country’s designation; or

“(ii) designated on the basis of such an assessment by unanimous agreement of such commission and any equivalent

credentialing organizations which have been approved under subsection (a)(5)(C) for the certification of nurses under this subsection; and

“(C)(i) which was in operation on or before the date of the enactment of the Nursing Relief for Disadvantaged Areas Act of 1999; or

“(ii) has been approved by unanimous agreement of such commission and any equivalent credentialing organizations which have been approved under subsection (a)(5)(C) for the certification of nurses under this subsection.”

(2) Section 212(a)(5)(C) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(5)(C)) is amended by striking “Any alien who seeks” and inserting “Subject to subsection (r), any alien who seeks”.

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall take effect on the date of the enactment of this Act, without regard to whether or not final regulations to carry out such amendments have been promulgated by such date.

(c) **ISSUANCE OF CERTIFIED STATEMENTS.**—The Commission on Graduates of Foreign Nursing Schools, or any approved equivalent independent credentialing organization, shall issue certified statements pursuant to the amendment under subsection (a) not more than 35 days after the receipt of a complete application for such a statement.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. ROGAN) and the gentleman from Guam (Mr. UNDERWOOD) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. ROGAN).

#### GENERAL LEAVE

Mr. ROGAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 441.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. ROGAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, because of a shortage of nurses in the late 1980’s, Congress passed the Immigration Nursing Relief Act of 1989. That act created for a period of 5 years the H-1A temporary visa program for registered nurses. When the H-1A program sunset, the House of Representatives decided against extending it.

There does not appear to be a national nursing shortage today, so there is no need to revise the H-1A program. However, a number of hospitals with unique circumstances are still experiencing great difficulty in attracting American nurses. Hospitals serving mostly poor patients in inner-cities have special difficulties. So do certain hospitals in rural areas.

H.R. 441, the Nursing Relief for Disadvantaged Areas Act of 1999, introduced by the gentleman from Illinois (Mr. RUSH), has been drafted very narrowly to help precisely these kind of hospitals. It will create a new temporary registered nurse visa program designated H-1C that would provide up

to 500 visas a year and that would sunset in 4 years.

To be able to petition for an alien, an employer would have to meet 4 conditions: First, the employer would have to be located in a health professional shortage area as designated by the Department of Health and Human Services. Second, the employer would have to have at least 190 acute care beds. Third, a certain percentage of the employer's patients would have to be Medicare patients. Finally, a certain percentage of patients would have to be Medicaid patients.

The H-1C program created by this bill would adopt those protections for American nurses contained in the expired H-1A program. For instance, for a hospital to be eligible for H-1C nurses, it would have to agree to take timely and significant steps to recruit American nurses. Also H-1C nurses would have to be paid the prevailing wage.

Additional protections have also been added. H-1C nurses cannot be able to comprise more than 33 percent of a hospital's workforce of registered nurses and a hospital cannot contract H-1C nurses to work at another facility.

Our goal should be that set out by the Immigration Nursing Relief Advisory Committee created by the Immigration Nursing Relief Act of 1989. We need to balance both the continuing need for foreign nurses in certain specialties and localities for which there are not adequate domestic registered nurses and the need to continue to lessen employers' dependence on foreign registered nurses and protect the wages and working conditions of U.S. registered nurses.

Mr. Speaker, I believe this bill successfully balances both these needs. Because it is so narrowly drafted it is not opposed by the American Nurses Association. I urge my colleagues to support the bill.

Mr. Speaker, I reserve the balance of my time.

Mr. UNDERWOOD. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of this legislation introduced by the gentleman from Illinois (Mr. RUSH) which addresses a pressing need for nurses at low income inner-city hospitals. When similar legislation was proposed last Congress, I expressed my concerns that it did not include adequate safeguards to protect American workers. Fortunately, this legislation was amended to specify that the relief was only temporary and to allow us to move more firmly in the direction of developing a more permanent solution to this problem that will utilize nurses from the American workforce instead of continuing to rely on foreign labor. I supported the revised bill, which passed the committee in the House last year before we ran out of time in the Senate.

The legislation being considered today is nearly identical to the legislation the House approved last Congress. It would allow up to 500 fully qualified foreign nurses to enter the United States each year to work for 3 year periods at hospitals that have not been able to hire enough nurses from the American workforce.

Since we are facing a temporary shortage of workers, the legislation sunsets in 4 years. The bill also provides for a determination to be made on whether the hospitals are taking reasonable steps to recruit and retain nurses from the American workforce. In addition, the Department of Labor and the Department of Health and Human Services would be required to conduct a study to establish ways for these American hospitals to meet their staffing needs with nurses from the American workforce instead of continuing to rely on foreign labor.

Finally, the legislation also includes a provision creating an abbreviated certification process for foreign nurses who meet specified qualification standards. This change is needed to eliminate unnecessary and inappropriate steps in the certification process for ensuring the qualifications of these nurses to work in the United States.

I am a proud cosponsor of this bill, and I would certainly like to congratulate the work of the gentleman from Illinois (Mr. RUSH), the gentleman from Illinois (Mr. HYDE), the gentleman from Michigan (Mr. CONYERS), and, of course, the gentleman from Texas (Ms. JACKSON-LEE) on H.R. 441.

On a note relating to Guam, Guam, unfortunately, does not qualify because of a certain threshold here on hospital beds, but certainly I hope we will be able to work that out at some time along in the process or perhaps with different legislation.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished gentleman from Guam, one, for his cosponsorship and leadership, and certainly I appreciate his effort on our behalf with respect to managing the time on this legislation.

The distinguished gentleman from California (Mr. ROGAN) and, of course, the distinguished gentleman from Texas (Mr. SMITH), the chairman of this committee, and myself are delighted to bring H.R. 441 to the floor of the House. We want to congratulate and applaud the gentleman from Illinois (Mr. RUSH), who had the insight and leadership to bring this legislation forward.

I would like to take the time, Mr. Speaker, to read into the record the words and comments of the American Nurses Association, and will subsequently have this letter submitted into the RECORD.

I read the letter primarily because I think this is also, this legislation, an affirmation of the importance of nurses in our Nation. We want to thank them. The American Nurses Association stands as the longstanding organization, the only full service professional nursing organization in the country, along with, of course, other organizations that have organized themselves around nursing.

The letter begins, "Dear Congresswoman Lee, the American Nurses Association appreciates the opportunity to comment on H.R. 441, the Nursing Relief Act for Disadvantaged Areas of 1999." They again state that they are the only full service professional nursing organization. "We have a longstanding interest in the development of nursing workforce policy."

"Overall, the ANA believes that we need to address the root causes for the instability of the nursing workforce that has led to swings in the supply and demand of registered nurses. It is clear that over reliance on foreign educated nurses by the hospital industry serves only to postpone real efforts to address the nursing workforce needs of the United States."

However, they remain neutral, and state they will "look forward to ongoing discussions with the committee to address this complex issue."

Mr. Speaker, I include the letter for the RECORD.

AMERICAN NURSES ASSOCIATION,  
600 MARYLAND AVENUE, SW,  
Washington, DC, March 18, 1999.

Hon. SHEILA JACKSON LEE,  
Ranking Minority Member, Subcommittee on  
Immigration and Claims, Washington, DC

DEAR CONGRESSWOMAN LEE: The American Nurses Association (ANA) appreciates the opportunity to comment on H.R. 441, the Nursing Relief for Disadvantaged Areas Act of 1999. As the only full-service professional nursing organization, we have a long-standing interest in the development of nursing workforce policy.

Overall, ANA believes that we need to address the root causes for the instability of the nursing workforce that has led to swings in the supply and demand of registered nurses. It is clear that over reliance on foreign educated nurses by the hospital industry serves only to postpone real efforts to address the nursing workforce needs of the United States.

With regard to H.R. 441, ANA has taken a position of neutrality. However, ANA will adamantly oppose any amendments which seek to broaden the application of this visa or would lessen the protections afforded registered nurses under this measure.

ANA looks forward to opportunities for ongoing discussions with the Committee as they seek to address this complex issue.

Sincerely,

BEVERLY L. MALONE, PHD, RN,  
President.

Mr. Speaker, they too recognize the importance of addressing the question of the shortage of nurses. I want to thank them for their responsible letter that says that they will not oppose this legislation and will work along with us.

They have worked with us during this process to ensure that the process would be limited and, I believe, with the leadership of the gentleman from Illinois (Mr. RUSH) and the gentleman from Texas (Chairman SMITH), that we have come to a point where all of us can agree on this legislation.

The Registered Nurse Temporary Visa Program was created by the Immigration Nursing Relief Act of 1989 and expired in 1997. The Immigration Nursing Relief Act was enacted in response to a nationwide shortage of nurses sufficient to disrupt the delivery of services to patients in some of our health care institutions and to potentially place patients in jeopardy.

The program allowed health care institutions who attested there would be a substantial disruption in the provision of health care services without the help of the alien nurses to essentially sponsor such a nurse.

Nurses admitted under the program were permitted to stay in the United States for an initial period of 3 years, but that period was subject to a possible extension up to a total of 5 years. The New York City, Chicago, Houston, Los Angeles and Miami areas accounted for two-thirds of all petitions filed because of the enormous need in these communities.

I support H.R. 441 because it creates a new registered nurse temporary visa program that would sunset after 5 years in collaboration with the insight provided for us by the American Nurses Association. It would limit the number of visas that can be issued to 50 a year and hospitals would be able to petition for an alien nurse to those in need. H.R. 441 would serve to decrease the nursing shortage in the United States and set up a new H-1C visa program.

I would also like to note, as I indicated earlier again, that the American Nurses Association has offered themselves to work and collaborate with us on stabilizing the nursing profession. There is no greater asset to our hospital and health profession industry, if you will, or the nurturing of Americans that does not include our nursing professionals, whether it is in home care, whether it is in our community clinics, or whether it is in our hospitals. They are an important aspect of our medical system in this Nation.

□ 1515

So I am delighted that they are not opposing this legislation.

I also want to close, simply, Mr. Speaker, by acknowledging again the gentleman from Illinois (Mr. RUSH) who has worked on this legislation for now two sessions, and we are delighted that we are able to bring it to the floor of the House.

I know that the gentleman from Illinois (Mr. RUSH) was en route, but all of us has found ourselves struggling with the air traffic today. I know that he

will want to submit his statement into the RECORD. I want to congratulate him.

Mr. UNDERWOOD. Mr. Speaker, I certainly would like to again reiterate our congratulations to the gentleman from Illinois (Mr. RUSH) for his diligence in this, and I thank the majority for their cooperation.

Mr. Speaker, I yield back the balance of my time.

Mr. RUSH. Mr. Speaker, I rise today to encourage my colleagues to vote for H.R. 441, the Nursing Relief for Disadvantaged Areas Act of 1999.

My reason for introducing and encouraging support for this legislation is simple—it will assist the underserved communities of this nation by providing adequate health care for their residents.

Today, there are some areas in this country which experience a scarcity of health professionals, even though numbers indicate that no nursing shortage exists nationally. Such an area exists in my district, the First Congressional District of Illinois. The Englewood community, a poor, urban neighborhood with a high incidence of crime, is primarily served by St. Bernard's Hospital. This small community hospital's emergency room averages approximately 31,000 visits per year; 50% of their patients are Medicaid recipients and 35% receive Medicare.

The Immigration Nursing Relief Act of 1989 created the H-1A visa program in order to allow foreign educated nurses to work in the United States. The rationale for the H-1A program, as acknowledged by the AFL-CIO, the American Nurses Association and others, was to address spot shortage areas. St. Bernard's Hospital utilized the H-1A program to maintain an adequate nursing staff level. The H-1A program was vital to St. Bernard's continued existence. Prior to this program, St. Bernard hired temporary nurses. As a result, the hospital's nursing expenditures increased by approximately \$2 million in an effort to provide health care to its patients in 1992. This additional cost brought St. Bernard's close to closing its doors. The H-1A visa program expired on September 30 1997. Currently, no program exists that would assist hospitals such as St. Bernards in their effort to retain qualified nurses.

My legislation merely seeks to close the gap created by the expiration of the H-1A program. H.R. 441, prescribes that any hospital which seeks to hire foreign nurses under these provisions must meet the following criteria: (1) be located in a Health Professional Shortage Area; (2) have at least 190 acute care beds; (3) have a medicare population of 35%; and (4) have a Medicaid population of at least 28%.

As one who has always fought for the American worker, I can assure you, that this proposal does not have a detrimental effect on American nurses. My legislation sets a cap on the number of new visas that may be issued each year. The legislation also includes processing requirements, that require employers to attest that the hiring of foreign nurses will not adversely affect the wages and working conditions of registered nurses. The Secretary of Labor will oversee this process and provide penalties for non-compliance.

Health care is a basic human right. The hallmarks of civilized nations are health care, education, and democracy.

The state of health care is a grave concern in my district. Hospitals have closed. City health clinics are closing. Payments for Medicare and Medicaid have been cut back.

The legislation we must pass today, is aimed at helping hospitals, like St. Bernard's, keep their doors open to the communities they serve.

Mr. HYDE. Mr. Speaker, I am pleased that we are returning today to some unfinished business from the 105th Congress—non-controversial legislation that provides short-term relief to hospitals with critical needs that cannot recruit and retain adequate numbers of registered nurses. H.R. 441, the "Nursing Relief for Disadvantaged Areas Act of 1999," is designed in response to a crisis facing some large hospitals with high percentages of Medicare and Medicaid patients in areas where there are shortages of health care professionals. The viability of essential health care for large numbers of people is threatened when certain acute care facilities in medically underserved, impoverished communities are unable to meet their requirements.

H.R. 441 provides such hospitals relief in compelling circumstances by facilitating the temporary admission to the United States of registered nurses in an H-1C nonimmigrant visa category—subject to a nationwide ceiling of 500 visas issued annually and limits of 50 or 25 (depending on a state's population) on the numbers of nurses who can receive visas each year for employment by hospitals in any one state. The legislation includes an exception from per state limits to facilitate the potential use of otherwise unused visas—as long as the annual nationwide ceiling is not breached.

This narrowly focused program for nurses, which will sunset after a four period, addresses urgent needs that cannot be met in any other way. The House bill was introduced by our colleague from Illinois, Mr. RUSH, with my cosponsorship—and its Senate counterpart was introduced by Senator DURBIN with Senator HUTCHISON's cosponsorship.

I became involved in this effort to enact remedial legislation when Saint Bernard Hospital, located in the Englewood Community in Chicago, brought its precarious situation with regard to nursing shortages to my attention during the last Congress. Because I knew the continued functioning of Saint Bernard Hospital would be so essential to the residents of the Englewood Community, I decided to endorse an appropriately limited legislative remedy.

H.R. 441, like the bill that passed the House last year, clearly merits bipartisan congressional support. It provides relief to particularly vulnerable hospitals and incorporates many safeguards designed to protect American jobs.

I commend the gentleman from Texas [LAMAR SMITH], Chairman of the Subcommittee on Immigration and Claims, and the gentleman from Michigan [JOHN CONYERS], Ranking Minority Member of our full committee, for their important contributions to this carefully crafted legislation. Because the language of the bill in its current form reflects a consensus among House and Senate members of both parties, I am hopeful that it can be enacted

into law expeditiously. I urge my colleagues to support it.

Mr. CONYERS. Mr. Speaker, I rise in support of this legislation, introduced by Mr. RUSH, which addresses a pressing need for nurses at low income, inter-city hospitals.

When similar legislation was proposed last Congress, I expressed my concerns that it did not include adequate safeguards to protect American workers. Fortunately, the legislation was amended to specify that the relief was only temporary and to allow us to move firmly in the direction of developing a more permanent solution to this problem that will utilize nurses from the American work force instead of continuing to rely on foreign labor. I supported the revised bill which passed the committee and the House last year, before we ran out of time in the Senate.

The legislation being considered today is nearly identical to the legislation the House approved last Congress. It would allow up to 500 fully qualified foreign nurses to enter the United States each year to work for three-year periods at hospitals that have not been able to hire enough nurses from the American work force. Since we are facing a temporary shortage of workers, the legislation sunsets in four years.

The bill also provides for a determination to be made on whether the hospitals are taking reasonable steps to recruit and retain nurses from the American work force. In addition, the Department of Labor and the Department of Health and Human Services would be required to conduct a study to establish ways for these hospitals to meet their staffing needs with nurses from the American work force instead of continuing to rely on foreign labor.

Finally, the legislation also includes a provision creating an abbreviated certification process for foreign nurses who meet specified qualification standards. This change is needed to eliminate unnecessary and inappropriate steps in the certification process for ensuring the qualifications of these nurses to work in the United States.

Mr. ROGAN. Mr. Speaker, I thank my colleagues for their comments.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. PEASE). The question is on the motion offered by the gentleman from California (Mr. ROGAN) that the House suspend the rules and pass the bill, H.R. 441.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

#### COMMUNICATION FROM THE CLERK OF THE HOUSE

The Speaker pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,  
U.S. HOUSE OF REPRESENTATIVES,  
Washington, DC, May 21, 1999.

Hon. J. DENNIS HASTERT,  
Speaker, House of Representatives,  
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, I have the honor to transmit a sealed envelope received from the White House on May 21, 1999 at 5:30 p.m. and said to contain a message from the President whereby he submits draft legislation entitled, "Educational Excellence for All Children Act of 1999."

With best wishes, I am  
Sincerely,

JEFF TRANDAH.

#### EDUCATIONAL EXCELLENCE FOR ALL CHILDREN ACT OF 1999— MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 106-68)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Education and the Workforce, the Committee on Armed Services, and the Committee on Banking and Financial Services and ordered to be printed:

#### *To the Congress of the United States:*

I am pleased to transmit for your immediate consideration the "Educational Excellence for All Children Act of 1999," my Administration's proposal for reauthorization of the Elementary and Secondary Education Act of 1965 (ESEA) and other elementary and secondary education programs.

My proposal builds on the positive trends achieved under current law. The "Improving America's Schools Act of 1994," which reauthorized the ESEA 5 years ago, and the "Goals 2000: Educate America Act" gave States and school districts a framework for integrating Federal resources in support of State and local reforms based on high academic standards. In response, 48 States, the District of Columbia, and Puerto Rico have adopted State-level standards. Recent results of the National Assessment of Educational Progress (NAEP) show improved performance for the economically disadvantaged and other at-risk students who are the primary focus of ESEA programs. NAEP reading scores for 9-year olds in high-poverty schools have improved significantly since 1992, while mathematics achievement has also increased nationally. Students in high-poverty schools and the lowest-performing students—the specific target populations for the ESEA Title I program—have registered gains in both reading and math achievement.

I am encouraged by these positive trends, but educational results for many children remain far below what they should be. My proposal to reau-

thorize the ESEA is based on four themes reflecting lessons from research and the experience of implementing the 1994 Act.

First, we would continue to focus on high academic standards for all children. The underlying purpose of every program within the ESEA is to help all children reach challenging State and local academic standards. States have largely completed the first stage of standards-based reform by developing content standards for all children. My bill would support the next stage of reform by helping States, school districts, schools, and teachers use these standards to guide classroom instruction and assessment.

My proposal for reauthorizing Title I, for example, would require States to hold school districts and schools accountable for student performance against State standards, including helping the lowest-performing students continually to improve. The bill also would continue to target Federal elementary and secondary education resources on those students furthest from meeting State and local standards, with a particular emphasis on narrowing the gap in achievement between disadvantaged students and their more affluent peers. In this regard, my proposal would phase in equal treatment of Puerto Rico in ESEA funding formulas, so that poor children in Puerto Rico are treated similarly to those in the rest of the country for the purpose of formula allocations.

Second, my proposal responds to research showing that while qualified teachers are critical to improving student achievement, far too many teachers are not prepared to teach to high standards. Teacher quality is a particular problem in high-poverty schools, and the problem is often exacerbated by the use of paraprofessionals in instructional roles.

My bill addresses teacher quality by holding States accountable for stronger enforcement of their own certification and licensure requirements, while at the same time providing substantial support for State and local professional development efforts. The Teaching to High Standards initiative in Title II would help move challenging educational standards into every classroom by providing teachers with sustained and intensive high-quality professional development in core academic subjects, supporting new teachers during their first 3 years in the classroom, and ensuring that all teachers are proficient in relevant content knowledge and teaching skills.

The Technology for Education initiative under Title III would expand the availability of educational technology as a tool to help teachers implement high standards in the classroom, particularly in high-poverty schools. My bill also would extend, over the next 7 years, the Class-Size Reduction initiative, which aims to reduce class sizes